

## Journal Watch

### The impact of opioids, anticholinergic medications and disease progression on the prescription of laxatives in hospitalized palliative care patients: a retrospective analysis.

**Presented by:** Serena Rix, Jun 16, 2010.

**Reference:** Clark K, Lam LT, Agar M, Chye R, Currow DC. Palliative Medicine 24(4) 410-418 June 2010

**Objective:** To determine which risk factors contribute to constipation in a hospitalized palliative population in Australia (~750 admissions/yr)

**Method:** Retrospective chart review on consecutive admissions (last 4 months of 2007). Illness was classified into 4 categories, stable, unstable, deteriorating and terminal, by a validated descriptive tool. Functional assessment (RUG-ADL) and symptom severity scores (APCPSS) determined at the start of each phase. Laxative use was measured by the number agents administered. Opioid use was converted to OMEDD and stratified into low (<60mg), moderate (61-200mg) high (201-600mg) & very high (> 601mg). Other meds were assessed by the Clinician-Related Anticholinergic Drug Scale (0-3) & a total score calculated using the sum of all the patients' meds.

Laxative use was calculated by the number laxatives different laxatives were prescribed on a regular basis (not prn)

**Results:** 211 patients (representing 460 phases) were included in the study. The authors demonstrated statistically significant associations between two or more laxatives daily and all variables except age.

The multivariate analysis demonstrated laxative prescription and opioid use, anticholinergic load and terminal illness.

**Discussion:** The aim of the study was to demonstrate causes of constipation in palliative patients is non only due to opioid prescription but many other factors play a role, including anticholinergic load, deteriorating function, functional status, progressive disease and length of stay all play a role.

The authors also consider the number of laxatives prescribed is a good indicator of the severity of constipation, although doses, frequencies and prn doses were not considered.

**Study strengths:** Data gleaned from electronic records, large sample size for a palliative study

**Weaknesses:** retrospective analysis, actual laxative use was not considered.

**Relevance to palliative care:** Constipation is a constant concern in the palliative population and it is important to recognize opioid use is not the sole cause. Minimizing the use of anticholinergics is another consideration when treating these patients for constipation.